# AMENDMENT FACSIMILE TRANSMISSION

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DATE:

April 18, 2006

FROM/ATTORNEY:

Michelle L. Lewis

FIRM:

ZymoGenetics, Inc.

PAGES, INCLUDING COVERSHEET:

15

PHONE NUMBER:

(206) 442-6627

TO EXAMINER:

Murphy, J.F.

ART UNIT:

1646

SERIAL NUMBER:

10/037,922

FAX/TELECOPIER NUMBER:

571-273-8300

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PATENT APPLICATION

File No: 96-20D2

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Theresa A. Deisher, Darrell C. Conklin, Fenella Raymond,

Thomas R. Bukowski, Susan D. Holderman, Birgit Hansen,

Paul O. Sheppard

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Serial No.

: 10/037,922

Group Art Unit

: 1646

APR 1 8 2006

Examiner

: Murphy, J.F.

Filed For

: October 19, 2001 : NOVEL FGF HOMOLOGS

## CERTIFICATE OF TRANSMISSION OR MAILING UNDER 37 CFR 1.8(a)

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached correspondence, comprising:

- 1. Amendment (7 pages)
- 2. Amendment Fee Transmittal (1 page; in duplicate)
- 3. Petition and Fee for Extension of Time (1 page; in duplicate)
- 4. Notice of Appeal (1 page; in duplicate)
- 5. Fax Cover Sheet

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> Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on April 18, 2006.

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# AMENDMENT FEE TRANSMITTAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-mentioned application. The fee required to be filed with the accompanying amendment has been calculated as shown below:

### CLAIMS AS AMENDED

	Total Claims	Highest No. Covered			
Claim Type	After Amendment	by Previous Payments	<u>Extra</u>	Extra Rate	<u>Fees Paid</u>
Total	_21_	-21	<u>0</u> x	<b>\$25 \$50</b>	\$0
Independent	6	-9	<u>0</u> x	<b>\$100 \$200</b>	\$0
				Total	<b>ፍ</b> ስ

Please charge any required fee to ZymoGenetics, Inc., Deposit Account No. 26-0290. A duplicate of this sheet is enclosed.

Respectfully submitted,

Michelle L Lewis

Michelle L. Lewis

Registration No. 36,352

#### 206 442 6678

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Claim Type Total Independent	Total Claims After Amendment 21 6	Highest No. Covered by Previous Payments -21 -9	Extra 0 x 0 x	Extra Rate  \$25 \$50  \$100 \$200	Fees Paid \$0 \$0
				Total:	\$0

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Respectfully submitted,

Michella L Lowis

Michelle L. Lewis

Registration No. 36,352